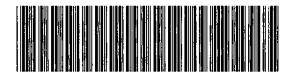
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| (Requestor's Name) | | |
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| (tadioso) | | |
| | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT . MAIL | | |
| | | |
| (Business Entity Name) | | |
| (Dusiness Entity Name) | | |
| | | |
| (Document Number) | | |
| | | |
| Certified Copies Certificates of Status | | |
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| Special Instructions to Filing Officer: | | |
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Office Use Only



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A SAULSBERRY EXAMINER

FEB 22 2013

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|---|---|
| SUBJECT: QuiNNCD IN (Name of Limite | OVESTMENTS, | LLC |
| (Name of Limite | ед главину Сопірану) | |
| The enclosed Articles of Dissolution and fee(s) are submitt | ed for filing | |
| ,, | J | |
| Please return all correspondence concerning this matter to t | the following: | TA:: 20 |
| ELON METOL | 1 GR | DIBFEB 21 AI |
| (Nam | e of Person) | |
| | | 8-13-1 |
| (F: | n/Company) | AM 8-55 |
| (rm | a/Company) | ≅ <u>≒</u> υ |
| 805 GROVE PAR | K Ave | 5 |
| (4 | Address) | |
| TAMPA, FL 3 | 33609 | |
| (City/Star | ic and Zip Code) | |
| For further information concerning this matter, please call: | | |
| ELON METOYER (Name of Person) | _at (8/3)_75 | 73-8809 |
| (Name of Person) | (Area Code & Daytime | l elephone Number) |
| Enclosed is a check for the following amount: | | |
| γ \$25.00 Filing Fee ρ \$30.00 Filing Fee & Certificate of Status | ρ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | p \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. The name of a limited liability company is | 82 1 |
|---|---|
| QUINNED INVESTO | nents, LLC |
| 2. The Articles of Organization were filed on | and assigned document number |
| 3. The date the dissolution was approved:/ Z_ | 120/12 |
| 4. A description of occurrence that resulted in the lin 608.441, Florida Statutes, (copy 608.441 on back) | mited liability company's dissolution pursuant to section cover letter). |
| Business ND longer to loss of Revenue | in operation, closen Du |
| | |
| 5. CHECK ONE: | |
| -OR- | e limited liability company have been paid or discharged. e debts, obligations and liabilities pursuant to s. 608.4421. |
| • | ibuted among its members in accordance with their respective |
| 7. CHECK ONE: | |
| There are no suits pending against the cor-OR- | mpany in any court. |
| | e satisfaction of any judgment, order or decree which may be |
| Signatures of the members having the same percentage | of membership interests necessary to approve the dissolution: |
| Signature | Printed Name |
| Zam Mark | ELON METOYER |
| | |
| | |
| | |
| | |

FILING FEE: \$25.00